

AMENDED IN SENATE APRIL 15, 2008
AMENDED IN SENATE MARCH 26, 2008
AMENDED IN SENATE FEBRUARY 25, 2008

SENATE BILL

No. 1058

Introduced by Senator Alquist

January 7, 2008

An act to add Sections 1255.8 and 120141 to the Health and Safety Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1058, as amended, Alquist. Health facilities: bacterial infections. Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of these provisions is a crime.

This bill would establish the Medical Facility Infection Control and Prevention Act, which would require ~~each health facility~~ *hospitals* to implement certain procedures for the screening, prevention, and reporting of specified health facility acquired infections. The bill would also require ~~that~~ a laboratory that is licensed by the state to perform specified microbiological testing relating to the identification of bacterial species and the antibiotic resistance patterns of those species to also report any information obtained by that laboratory on the incidence of any facility acquired infections within 5 working days after obtaining the information. This bill would require the department to carry out certain duties in order to implement the bill. Because a violation of the health facility provisions is a crime, the bill would impose a state-mandated local program.

Existing law permits the State Department of Public Health to take various actions to prevent and control the spread of infectious diseases in this state.

This bill would require the department to take various measures to prevent, control, and monitor the spread of infectious diseases, including the sponsoring of local and regional training, the provision of assistance to local health departments, and the development and implementation of Internet-based reporting systems, as prescribed.

This bill would also authorize the department, subject to appropriation, to sponsor pilot studies to identify methods of reducing facility acquired infections, as prescribed.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) (1) The protection of patients in California health facilities
- 4 is of paramount importance to the citizens of this state.
- 5 (2) During the past two decades health care facility associated
- 6 infections, especially those that are resistant to commonly used
- 7 antibiotics, have increased dramatically.
- 8 (3) The State Department of Public Health needs to develop a
- 9 better, more efficient system to monitor and report the incidence
- 10 of antibiotic-resistant and other infections that are acquired by
- 11 patients in health facilities.
- 12 (4) The department needs to establish and maintain a
- 13 comprehensive inspection and reporting system for health facilities
- 14 that will ensure that those facilities comply with state laws and
- 15 regulations designed to reduce the incidence of facility associated
- 16 infections.
- 17 (b) It is, therefore, the intent of the Legislature to enact
- 18 legislation that will do all of the following:

(1) Ensure that California’s standards for protecting patients from exposure to pathogens in health facilities, including Methicillin-resistant *Staphylococcus aureus* (MRSA), are adequate to reduce the incidence of antibiotic-resistant infection acquired by patients in these facilities.

(2) Require these departments to develop and implement an Internet-based public reporting system that provides updated information regarding the incidence of infections, including associated pathogens acquired in health facilities, as well as the number of infection control personnel relative to the number of licensed beds.

(3) Ensure that health facilities implement improved procedures intended to maintain sanitary standards in these facilities, avoid transmission of pathogens that cause infection, and provide adequate training to health care professionals regarding the prevention and treatment of MRSA and other infections in these facilities.

SEC. 2. This act shall be known, and may be cited as, the Medical Facility Infection Control and Prevention Act.

SEC. 3. Section 1255.8 is added to the Health and Safety Code, to read:

1255.8. (a) For purposes of this section, the following terms have the following meanings:

(1) “Colonized” means that a pathogen is present on the patient’s body, but is not causing any signs or symptoms of an infection.

(2) “*Health facility*” means a facility licensed as defined in subdivision (a), (b), or (f) of Section 1250.

~~(2)~~

(3) “Health facility acquired infection” means a localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent not present or incubating at the time of admission to the health facility.

~~(3)~~

(4) “MRSA” means Methicillin-resistant *Staphylococcus aureus*.

(b) (1) Each health facility shall develop, implement, and periodically evaluate procedures for identifying patients who are colonized by, or infected with, MRSA.

(2) Each health facility shall, in accordance with subdivision (d), implement a procedure to screen each patient who is scheduled to undergo an inpatient or outpatient surgery, or who is admitted

1 to an intensive care unit, burn unit, or other unit at high risk for
2 the presence of MRSA. Test results shall be provided to each
3 patient or each patient's surrogate immediately, or as soon as
4 practically possible. For individuals testing positive for
5 colonization, but not for infection, with MRSA, information shall
6 be provided by the health care provider at discharge describing
7 MRSA, its care, and how to avoid spreading MRSA to others.
8 Additional information on wound care and ways to prevent the
9 spread of MRSA shall be provided, upon discharge, to patients
10 who test positive for an infection caused by MRSA.

11 (c) Each patient who is admitted to a general acute care hospital
12 shall be screened for MRSA in the following cases:

13 (1) The patient presents with an open, nondraining wound,
14 cellulitis, dermatological lesions, or a pressure ulcer on the skin.

15 (2) The patient has been previously discharged from a general
16 acute care hospital within 30 days prior to the current hospital
17 admission.

18 (3) The patient will be admitted to an intensive care unit of the
19 hospital.

20 (4) The patient receives inpatient or outpatient dialysis treatment.

21 (5) The patient is being transferred from a rehabilitation or
22 skilled nursing facility.

23 (6) The patient is homeless or is being admitted directly from
24 a homeless shelter.

25 (7) The patient is being admitted directly from prison.

26 (8) The patient is a hospital roommate of another patient who
27 has tested positive for MRSA.

28 (9) The patient has a prior history of MRSA infection.

29 (10) The patient is an intravenous drug user.

30 (d) A patient screened in accordance with subdivision (c) shall
31 again be tested for MRSA immediately prior to his or her discharge
32 from the facility. A patient who tests positive for MRSA pursuant
33 to this paragraph shall not be discharged from the facility until a
34 licensed medical professional determines that the patient's infection
35 can be controlled and does not pose a threat to the health and safety
36 of others.

37 (e) Each health facility shall take all reasonable measures to
38 maintain a clean and sanitary environment, that, at a minimum,
39 shall include all of the following:

1 (1) Regular disinfection of all restrooms, countertops, furniture,
2 televisions, telephones, bedding, office equipment, and surfaces
3 in patient rooms, nursing stations, and storage units.

4 (2) Regular removal of accumulations of bodily fluids and
5 intravenous substances, and cleaning and disinfection of all
6 movable medical equipment, including point-of-care testing devices
7 such as glucometers, and transportable medical devices such as
8 cardiac monitors, gurneys, feeding pumps, storage containers, and
9 medication dispensing devices.

10 (3) Regular cleaning and disinfection of all surfaces in common
11 areas in the facility such as elevators, meeting rooms, and lounges.

12 (f) (1) Each health facility shall maintain one infection control
13 staff person for every 100 licensed beds at the facility who shall
14 be responsible for the implementation of infection control
15 programs.

16 (2) An infection control staff person required to be employed
17 by a health facility pursuant to paragraph (1) shall be a properly
18 licensed registered nurse or other qualified infection control
19 professional.

20 (g) Each health facility shall regularly report to the department
21 all cases of a health facility acquired infection, including
22 identification of the pathogen causing each infection. The
23 department shall make those statistics pertaining to health facility
24 acquired infection rates at specified health facilities available on
25 its Internet Web site. This information shall be public and shall
26 include the rate of infections caused by MRSA and other
27 pathogens.

28 (h) In accordance with Section 2505 of Title 17 of the California
29 Code of Regulations, each laboratory licensed by the state to
30 perform microbiological testing, including, but not limited to,
31 routine culture and antibiotic resistance testing, or biochemical,
32 biological, genetic or other assays to determine bacterial species
33 identification and the antibiotic resistance patterns of those species
34 shall also report any information obtained by that laboratory
35 pertaining to the discovery or the incidence of any health facility
36 acquired infections, including MRSA, within five working days
37 after obtaining the information.

38 SEC. 4. Section 120141 is added to the Health and Safety Code,
39 to read:

1 120141. The department shall take all of the following measures
2 to prevent, control, and monitor the spread of infectious diseases:

3 (a) Sponsor local and regional training on basic data analysis
4 to better prepare local health departments to control and track
5 disease outbreaks.

6 (b) Provide local health departments and local health officers
7 with an inventory of basic electronic disease investigation data
8 analysis software.

9 (c) Develop statewide exercises that emphasize the complete
10 cycle involving communicable disease investigation, including
11 surveillance, response investigation, disease control and recovery,
12 and that assist local health officers to enhance, improve, and
13 evaluate the responses of local health departments to disease
14 outbreaks.

15 (d) Beginning January 1, 2010, develop and implement through
16 a phased implementation schedule, an Internet-based public
17 reporting system that provides updated, easily understood consumer
18 information regarding the relative incidence of central line
19 associated blood stream infections, including associated pathogens,
20 acquired at each health facility in California, including information
21 on the number of licensed beds, the number of infection control
22 personnel employed at the facility, and a working toll-free
23 telephone number for customers to call for more information on
24 the facility's infection control and prevention initiatives.

25 (e) Beginning January 1, 2011, develop and implement through
26 a phased implementation schedule, an Internet-based public
27 reporting system that provides updated, easily understood consumer
28 information regarding the relative incidence of surgical site
29 infections, including associated pathogens, acquired at each health
30 facility in California, including information on the number of
31 licensed beds, the number of infection control personnel employed
32 at the facility, and a working toll-free telephone number for
33 customers to call for more information on the facility's infection
34 control and prevention initiatives.

35 (f) Beginning January 1, 2012, develop and implement through
36 a phased implementation schedule, an Internet-based public
37 reporting system that provides updated, easily understood consumer
38 information regarding incidence of ventilator acquired pneumonia
39 and catheter acquired urinary tract infections acquired at each
40 health facility in California, including information on the number

1 of licensed beds, the number of infection control personnel
2 employed at the facility, and a working toll-free telephone number
3 for customers to call for more information on the facility's infection
4 control and prevention initiatives.

5 (g) The public reports required in subdivisions (d), (e), and (f)
6 shall follow the National Healthcare Safety Network (NHSN) risk
7 adjustment and, when possible, utilize NHSN definitions.

8 (h) The State Department of Public Health may, upon
9 appropriation, in the Budget Act or other statute sponsor pilot
10 studies to identify methods to reduce health facility acquired
11 infections. These studies should include the establishment of
12 explicit ratios of infection control personnel to licensed beds in a
13 health facility, enhanced Medi-Cal reimbursement strategies, and
14 other methods.

15 SEC. 5. No reimbursement is required by this act pursuant to
16 Section 6 of Article XIII B of the California Constitution because
17 the only costs that may be incurred by a local agency or school
18 district will be incurred because this act creates a new crime or
19 infraction, eliminates a crime or infraction, or changes the penalty
20 for a crime or infraction, within the meaning of Section 17556 of
21 the Government Code, or changes the definition of a crime within
22 the meaning of Section 6 of Article XIII B of the California
23 Constitution.